

## Milk Distributor Fees

### Monthly Report Of Packaged Grade A Milk & Milk Products Processed Out-Of-State & Sold Or Offered For Sale In Kansas

Please return fee and form to:  
Kansas Department of Agriculture  
RECORDS CENTER - DAIRY  
109 SW 9<sup>th</sup> Street  
Topeka KS 66612

Name of Dist \_\_\_\_\_  
or Processor \_\_\_\_\_  
Address \_\_\_\_\_  
Plant Location \_\_\_\_\_  
Plant Number \_\_\_\_\_

For Month \_\_\_\_\_ Year \_\_\_\_\_

Kansas Dairy License Number \_\_\_\_\_

#### Grade A Pasteurized Packaged Milk And Milk Products

Item	Product Pounds (lbs)
Homogenized Milk	
Homogenized Flavored	
Lowfat Milk	
Lowfat Flavored	
Skim Milk	
Skim Flavored	
Buttermilk	
Half & Half	
Whip Cream	
Heavy Cream	
Aerated Cream	
Other:	
Other:	
Other:	
Sour Cream	
Yogurt	
Cottage Cheese	
Other:	
Other:	

A1. Total lbs \_\_\_\_\_ x \$.00015 = \$\_\_\_\_\_.  
(\$0.015/100 lbs)

A2. Minimum fee of \$ 2.50 is required

**Total Fees:** A1 or A2 (Whichever is greater) \$\_\_\_\_\_.

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This report is due in the office of the Dairy Commissioner on or before the end of the month following the preceding calendar month. **For each day after the end of the month, an additional charge equal to 1% of the amount of delinquent fees or \$5.00 whichever amount is greater, shall be assessed.**

For and on behalf of the applicant, I, the undersigned, hereby authorize the Secretary of the Kansas Department of Agriculture or his/her authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the fee due under the dairy law to the State of Kansas. (K.S.A. 65-702)

I declare that this report, including any accompanying schedule and statement, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

\_\_\_\_\_  
Date Signature

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#### For Office Use Only

Total Lbs @ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\$0.00015 \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ DT3 \_\_\_\_\_  
T3A CK # \_\_\_\_\_